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### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Nurses Association PAC 8515 Georgia Avenue ADDRESS (number and street) Suite 400 Check if different than previously Silver Spring MD 20910 3492 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00017525 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 07 3 1 2008 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Behrens Type or Print Name of Treasurer Electronically Filed by Mary Behrens 09 22 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Nurses Association PAC D D " D 0.7 0.7 0 1 2008 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 209224.16 January 1 (b) Cash on Hand at 190050.95 Begining of Reporting Period ..... 28544.14 286375.20 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 218595.09 495599.36 6(a) and 6(c) for Column B) ..... 39054.30 316058.57 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 179540.79 179540.79 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

<sup>y</sup> 0 0 8

Write or Type Committee Name American Nurses Association PAC

From:

Report Covering the Period:

м м 0 7 01 2008 0 7<sup>M</sup> <sup>D</sup> 3 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	3652.50	43572.50
	(ii) Unitemized	24840.93	242084.05
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	28493.43	285656.55
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28493.43	285656.55
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	50.71	718.65
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28544.14	286375.20
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	28544.14	286375.20

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal	·	
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	2529.30	18989.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2529.30	18989.63
2. Transfers to Affiliated/Other Party	2020.00	10000.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	36500.00	283111.90
Independent Expenditure     (use Schedule E)	0.00	13882.04
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	25.00	75.00
That Folitical Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	25.00	75.00
(add Lines 28(a), (b), and (c))	23.00	73.00
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
· ·	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	39054.30	316058.57
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	20054.20	216050 57
from Line 31)	39054.30	316058.57

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	28493.43	285656.55
34.	Total Contribution Refunds (from Line 28(d))	25.00	75.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	28468.43	285581.55
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2529.30	18989.63
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2529.30	18989.63

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Nurses Association PAC	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial)  Ms. Rebecca Hilgen Bryan  Mailing Address 124 W. Summit Ave  City  Haddonfield  FEC ID number of contributing federal political committee.  Name of Employer Wolfe-Simon Medical Associates, P.A.  Receipt For:  Primary General  Other (specify)	State Zip Code NJ 08033-3318  C Occupation RN Aggregate Year-to-Date  600.00	Date of Receipt  0 7 0 1 2 0 0 8  Transaction ID: A45B73AE0C9984D13A8  Amount of Each Receipt this Period  75.00
Full Name (Last, First, Middle Initial) Ms. Rose I. Gonzalez  Mailing Address 3318 Cullers Ct  City  Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer ANA  Receipt For:  Primary General Other (specify)	State Zip Code VA 22192-1085  C  Occupation Director of Government Affairs  Aggregate Year-to-Date  350.00	Date of Receipt  O 7 O 2 2 0 0 8  Transaction ID: ABEFBD09E509A488791  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) Ms. Donna Marie Nickitas  Mailing Address 15 Center Rd  City Old Greenwich  FEC ID number of contributing federal political committee.  Name of Employer City University of N  Receipt For: Primary General Other (specify)	State Zip Code CT 06870-1805  C  Occupation RN  Aggregate Year-to-Date  300.00	Date of Receipt  M M M O T O T O T O T O T O T O T O T O
SUBTOTAL of Receipts This Page (optional)		400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Nurses Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Virginia S. Wangerin  Mailing Address 13380 Cedarwood Ave  City  Clive  FEC ID number of contributing federal political committee.  Name of Employer  Des Moines Area Community  College  Receipt For:  Primary  General  Other (specify)	State Zip Code IA 50325-8573  C  Occupation Professor  Aggregate Year-to-Date  277.50	Date of Receipt  M M M O 7 O 8 2 0 0 8  Transaction ID: AB5366F8134714632817  Amount of Each Receipt this Period  27.50
Full Name (Last, First, Middle Initial) Ms. Linda C. DeVries  Mailing Address 7 Snowmound Ct  City  Rockville  FEC ID number of contributing federal political committee.  Name of Employer DeVries & Associates, PSC  Receipt For:  Primary General Other (specify)	State Zip Code MD 20850  C  Occupation RN  Aggregate Year-to-Date  250.00	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Ms. Sandra M. Woods  Mailing Address Po Box 771386  City  Eagle River  FEC ID number of contributing federal political committee.  Name of Employer State of Alaska  Receipt For:  Primary General Other (specify)	State Zip Code AK 99577-1386  C  Occupation Nurse  Aggregate Year-to-Date  325.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		477.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one)    X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Nurses Association PAC	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Berna L. Mayer Mailing Address 2811 Petro Place City	State	Zip Code	Date of Receipt  0 7 1 6 2 0 0 8  Transaction ID: A8239E22DAA164A6C9D8
	Lancaster  FEC ID number of contributing federal political committee.	CA	93536-5872	Amount of Each Receipt this Period  25.00
	Name of Employer High Desert Medical Group  Receipt For:  Primary General  Other (specify) ▼	Occupatio RN Aggregate	Year-to-Date ▼ 275.00	
Б.	Full Name (Last, First, Middle Initial) Ms. Linda J Shinn Mailing Address 9584 Cadbury Circle			Date of Receipt  0 7 1 7 2 0 0 8
	City Indianapolis FEC ID number of contributing federal political committee.	State IN	Zip Code 46260	Transaction ID: AB95ACBBC44804662BE Amount of Each Receipt this Period  1000.00
	Name of Employer Concensus Magmt Group  Receipt For:  Primary General Other (specify) ▼	Occupatio RN Aggregate	Year-to-Date ▼	
С.	Full Name (Last, First, Middle Initial) Ms. Deborah A. Gelski Mailing Address 195 Monitor St			Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City  Brooklyn  FEC ID number of contributing federal political committee.	State NY	Zip Code 11222-3603	Transaction ID: A1304B07E41FE46258D5  Amount of Each Receipt this Period  150.00
	Name of Employer NEW YORK CITY HEALTH	Occupatio RN	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1175.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one)    X   11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Nurses Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Lynn Freier  Mailing Address 3605 45th St  City Lubbock  FEC ID number of contributing federal political committee.  Name of Employer Covenant Medical Center  Receipt For: Primary General Other (specify)	State Zip Code TX 79413  C  Occupation RN  Aggregate Year-to-Date  250.00	Date of Receipt  M M M C 23 2008  Transaction ID: A56274CAED44F43D99  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Ms. Karen S. Cox  Mailing Address 4929 Westwood Rd  City  Kansas City  FEC ID number of contributing federal political committee.  Name of Employer Childrens Mercy Hospital  Receipt For:  Primary General  Other (specify)	State Zip Code MO 64112-1135  C  Occupation RN  Aggregate Year-to-Date   600.00	Date of Receipt  M M M 25 25 2008  Transaction ID: AB41A107A57394291A2  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Gleena S. Gilbert  Mailing Address 359 Fort Washington  City New York  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify)	Ave #41  State Zip Code NY 10033  C  Occupation RN  Aggregate Year-to-Date   600.00	Date of Receipt  M M M / D B / Y Y Y Y Y  O 7 28 2008  Transaction ID: A64BD39AF671D4196A  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1050.00

or for commercial purposes, other than using the name and addre  NAME OF COMMITTEE (In Full)  American Nurses Association PAC  Full Name (Last, First, Middle Initial)  Ms. Gail M. Holtzman  Mailing Address 6511 Cimarron Circle  City State  Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer UAA School of Nursing  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Marie E. McQueen  Mailing Address 6110 W. Dimond Blvd  City State  Anchorage AK  FEC ID number of contributing federal political committee.  C  Name of Employer  AK. Pacific RIM Counseling Services  Name of Employer  AK. Pacific RIM Counseling Services	Date of Receipt    Date of Receipt   Date of Rec
Full Name (Last, First, Middle Initial)  Ms. Gail M. Holtzman  Mailing Address 6511 Cimarron Circle  City State  Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer UAA School of Nursing Associate Fereign Aggregate You Deter (specify)   Full Name (Last, First, Middle Initial)  Ms. Marie E. McQueen  Mailing Address 6110 W. Dimond Blvd  City State  Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services  Receipt For:  Name of Employer A.K. Pacific RIM Counseling Services  Receipt For:  Primary General  Other (specify)   General  Other (specify)   Full Name (Last, First, Middle Initial)  Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City State	Zip Code 99504-3944  Amount of Each Receipt this Period  Professor of Nursing Year-to-Date ▼  400.00  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6511 Cimarron Circle  City State Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer UAA School of Nursing Associate F  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Marie E. McQueen  Mailing Address 6110 W. Dimond Blvd  City State Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services Receipt For: Primary General Occupation RN  Aggregate Ye  C  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City State	Zip Code 99504-3944  Amount of Each Receipt this Period  Professor of Nursing Year-to-Date ▼  400.00  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer UAA School of Nursing  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Marie E. McQueen Mailing Address 6110 W. Dimond Blvd  City State Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services Receipt For: Primary General Other (specify) ▼  C.  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle  City State  State  AK  State AK  C  C  C  C  C  State AK  State  State  Aggregate Ye  State	Zip Code 99504-3944  Professor of Nursing Year-to-Date ▼  A00.00  Date of Receipt  M M M D D D Y 2 9 2 0 0 8  Transaction ID: AD148396064B84EFCB2  200.00  Date of Receipt  M M M D D D Y 2 0 0 8  Transaction ID: AA2D53409A5EB4EA980  Amount of Each Receipt this Period  Amount of Each Receipt this Period  100.00
Anchorage  FEC ID number of contributing federal political committee.  Name of Employer UAA School of Nursing  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Marie E. McQueen  Mailing Address 6110 W. Dimond Blvd  City State  Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City State	Amount of Each Receipt this Period  200.00  Professor of Nursing Year-to-Date ▼  400.00  Date of Receipt  M M M / D D D Y 2 0 0 8  Zip Code 99502-4032  Amount of Each Receipt this Period  100.00
FEC ID number of contributing federal political committee.  Name of Employer UAA School of Nursing  Receipt For: Primary General Other (specify)  Mailing Address 6110 W. Dimond Blvd  City State Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services Receipt For: Primary General Other (specify)  General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle  City State	Professor of Nursing  Year-to-Date ▼  400.00  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer UAA School of Nursing  Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial) Ms. Marie E. McQueen Mailing Address 6110 W. Dimond Blvd  City Anchorage FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle  City  Coccupation RN  Aggregate Ye  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle	Professor of Nursing  Year-to-Date ▼  400.00  Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Marie E. McQueen  Mailing Address 6110 W. Dimond Blvd  City  Anchorage  FEC ID number of contributing federal political committee.  Name of Employer  A.K. Pacific RIM Counseling Services  Receipt For:  Primary  General  Occupation  RN  Aggregate Ye  Aggregate Ye  Full Name (Last, First, Middle Initial)  Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City  State	Date of Receipt
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Marie E. McQueen  Mailing Address 6110 W. Dimond Blvd  City  State  Anchorage  FEC ID number of contributing federal political committee.  Name of Employer  A.K. Pacific RIM Counseling Services  Receipt For:  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City  State	Date of Receipt
Full Name (Last, First, Middle Initial)  Ms. Marie E. McQueen  Mailing Address 6110 W. Dimond Blvd  City State  Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer  A.K. Pacific RIM Counseling Services  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City State	Date of Receipt    M M M
Ms. Marie E. McQueen  Mailing Address 6110 W. Dimond Blvd  City State  Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer  A.K. Pacific RIM Counseling Services  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City State	Zip Code  99502-4032  Transaction ID: AA2D53409A5EB4EA980  Amount of Each Receipt this Period  100.00
City State  Anchorage AK  FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City State	Zip Code Transaction ID: AA2D53409A5EB4EA980 99502-4032 Amount of Each Receipt this Period 100.00
Anchorage  FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle  City  State	99502-4032 Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee.  Name of Employer A.K. Pacific RIM Counseling Services Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle  City State	100.00
Rame of Employer A.K. Pacific RIM Counseling Services Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett  Mailing Address  2751 S. Macon Circle  City  State	
A.K. Pacific RIM Counseling Services  Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City  State	
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle City State	
Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle City State	Year-to-Date ▼
Dr. Sara L Jarrett  Mailing Address 2751 S. Macon Circle  City State	300.00
City State	Date of Receipt
-	07
Aurora	Zip Code Transaction ID: A32AE50DBF7044A9F84
	80014-3027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Regis University Occupation Professor	
-	Year-to-Date ▼
Primary General Other (specify) ▼	500.00
SUBTOTAL of Receipts This Page (optional)	
COSTOTAL OF HOOGING THIS Fage (optional)	550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
	ny information copied from such Reports and Stator commercial purposes, other than using the n			
$\sqrt{}$	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
	Full Name (Last, First, Middle Initial) Bank of America			Date of Receipt
	Mailing Address PO Box 27025			07 01 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: A3C0A770E10674752A32
	Richmond	VA	23261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.71
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 706.31	

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	50.71
TOTAL This Period (last page this line number only)	<b>•</b>	50.71

A.

В.

### SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 12 / 23 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Transaction ID: B6A4448D10C124BB4B48 Bank of America Date of Disbursement 3 1 o<sup>™</sup> 7 2008 Mailing Address PO Box 27025 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23261 2415.81 Purpose of Disbursement bank fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: BADEBC0D6D0C04C75AE8 Bank of America Merchant Services Date of Disbursement 3 1 o<sup>M</sup>7 2008 Mailing Address PO Box 2485 City State Zip Code Amount of Each Disbursement this Period 99210-2485 Spokane WA 113.49 Purpose of Disbursement credit card and onine lockbox fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2529.30
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	Ellsworth For C	Congress						Date	of Disburs		V * V *	V ° V	
	Mailing Address	PO Box 62						0 7	M / D	3 1	20	08	
	City Evansville			State IN	Zip Code 47701			Amou	int of Eac	h Disburs			od
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	Candidate Name Ellsworth For C	Congress					egory/ ype						
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	•	First, Middle Initial) OMBIE FOR CON	NGRESS					Date	action IC of Disburs	sement			1483
	Mailing Address	PO Box 636						0 <sup>M</sup> 7	M / D	3 1 /	ž	ŏ8°	
	City Annandale			State VA	Zip Code 22003			Amou	int of Eac	h Disbur	sement t	his Peri	od
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	Candidate Name NEIL ABERCROMBIE FOR CONGRESS						egory/						
	Office Sought:	House Senate President		ment For: Primary Other (spe	2008 General		<u>, , , , , , , , , , , , , , , , , , , </u>						
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	Full Name (Last, I Klein For Cong	First, Middle Initial) ress						Date	action IC of Disburs	sement			4903
	Mailing Address	10 GSt NE Ste	470					0 <sup>M</sup> 7	M / D	3 1	ž	0 8 °	
	City Washington			State DC	Zip Code 20002			Amou	int of Eac	h Disburs	sement t	his Peri	od
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	Candidate Name Klein For Cong	ress					egory/						
	Office Sought:	House Senate President		ment For: Primary Other (spe	2008 General	<u>.</u>	7,50	_					
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$ \rangle$	American Nurses Association PAC						
_	Full Name (Last, First, Middle Initial)				Transaction ID	D: BCB333B688C174E6389	
Д.	Friends of John Barrasso				Date of Disburs	sement	
	Mailing Address 406 Virginia Ave				07 / 0	31 7 2008	
	City Alexandria	State Zip Co VA 2230			Amount of Eac	h Disbursement this Period	
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	Candidate Name Sen. John Barrasso		- 1	Category/ Type			
			008 General				
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В.	Full Name (Last, First, Middle Initial) Andre Carson for Congress				Transaction ID  Date of Disburs	D: B8F2E1C5F5DF6441D81 sement	
	Mailing Address 499 S Capitol St SW				0 7 D	3 1	
	City Washington	State Zip Co	ode 13-4047		Amount of Eac	h Disbursement this Period	
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	Candidate Name Andre Carson for Congress			Category/ Type			
	Office Sought: House Senate President Disburs		008 General				
_	State: District:						
С.	Full Name (Last, First, Middle Initial) Loebsack for Congress				Transaction ID  Date of Disburs	D: BE9C08D46A1E7400C9F sement	
	Mailing Address PO Box 1457				07 / 0	15 7 2008	
	City Iowa City	State Zip Co			Amount of Eac	h Disbursement this Period	
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	Candidate Name Rep. Dave Loebsack			Category/ Type			
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City Sarasota		State FL	Zip Code 34230-6136			Amou	unt of Eac	h Disbu	rsement th	is Period
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Candidate Name Christine Jennir	ngs			Categ Typ	-					
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State: FL Full Name (Last, F	District: 13					Tuon	andina IF	). DEC		1574AD1
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Candidate Name Sen. Mark Scha	uer			Categ Typ	-					
Office Sought: State: MI	X House Senate President District: 07	Disbursement For:    X   Primary     Other (spe	2008 General ecify)							
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Mailing Address	5429 Madison Av	e				0 <sup>M</sup> 7	M / D	28	y žo	0 8 °
City Sacramento		State CA	Zip Code 95840			Amou	unt of Eac	h Disbu	rsement th	is Period
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	Mailing Address 499 S Capitol St SW S	te 412			0 /		28	. 2	2008	
	City Washington	State Zip Code DC 20003-4009			Amo	unt of Eac	h Disbu	irsemer	t this Pe	riod
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	Candidate Name DAVID WU FOR US CONGRESS			egory/ ype						
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	Mailing Address PO Box 1279				0 <sup>™</sup> 7	, M / L	28 <sup>D</sup>	, 2	2 0 0 8 °	
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	Mailing Address 1157 San Bernard				0 <sup>™</sup> 7	, M / D	31	Y 2	008	
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	EMIZED DISBURSEMENT	Detailed	category of the Summary Page	21b	28a	23 24 25 26 28b 28c 29 30b
	y Information copied from such Reports are for commercial purposes, other than using					
	NAME OF COMMITTEE (In Full) American Nurses Association PAC					
· <u></u>	Full Name (Last, First, Middle Initial) Al Green for Congress					on ID: B4DCBCFA923A841A8/ sbursement
	Mailing Address PO Box 20174 Ste 321				0 7 M	3 1 Y 2 0 0 8 Y
	City Houston	State TX	Zip Code 77225		Amount of	Each Disbursement this Period
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	Candidate Name Rep. Al Green			Category/ Type		
	Office Sought: X House Senate President	Disbursement For:  Primary  Other (spe	2008 X General ecify)			
	State: TX District: 09  Full Name (Last, First, Middle Initial)  Kay for Congress					on ID: B29A94B1A3B1A4EABB sbursement
	Mailing Address PO Box 341263				0 7 M	28 / Y 2008
	City Bethesda	State MD	Zip Code 20827-1263		Amount of	Each Disbursement this Period
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	Candidate Name Kay for Congress			Category/ Type		
	Office Sought: House Senate President	Disbursement For:  X Primary Other (spe	2008 General			
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	Mailing Address PO BOx 14631				0 7 M	15 / Y Y Y O O 8
	City Shawnee Mission	State KS	Zip Code 66285		Amount of	Each Disbursement this Period
	Purpose of Disbursement			0 0	<u> </u>	1000.00
	Candidate Name Rep. Dennis W. Moore			Category/ Type		
	Office Sought:  X House Senate President State: KS District: 03	Disbursement For: Primary Other (spe	2008 X General ecify) ▼			
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$\rangle$	American Nurses Association PAC					
	Full Name (Last, First, Middle Initial)				Transaction ID:	
	Lautenberg for Senate				Date of Disburseme	ent
	Mailing Address 236 Massachuesetts Av Ste 602	e NE			07	Y 2008
	City Washington	State Zip Co DC 20002	ode 2-4971		Amount of Each Dis	sbursement this Period
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	Candidate Name Sen. Frank R. Lautenberg			Category/ Type		
	X Senate President		008 General			
	State: NJ District: Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS					B02D34D02B2904CA
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	Mailing Address 1707 Prince St #5				07 02	2008
	City Alexandria	State Zip Co VA 22314			Amount of Each Dis	sbursement this Period
	Purpose of Disbursement					1000.00
	Candidate Name Rep. Frank A. LoBiondo			Category/ Type		
	Office Sought: X House Disburs Senate President		008 General			
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	State: NJ District: 02  Full Name (Last, First, Middle Initial) Arcuri for Congress  Mailing Address PO Box 508  City Utica		5	Category/ Type	Date of Disburseme	sbursement this Period
	State: NJ District: 02  Full Name (Last, First, Middle Initial) Arcuri for Congress  Mailing Address PO Box 508  City Utica  Purpose of Disbursement  Candidate Name Michael A. Arcuri  Office Sought: X House Disburs	NY 13508	5		Date of Disburseme	sbursement this Period

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NAME OF COMMITTEE (In Full)	To and address of any pointed so			
American Nurses Association PAC				
Full Name (Last, First, Middle Initial)				B6A5BAFF84F964ACI
Jeff Merkley for Senate			Date of Disburseme	
Mailing Address 888 16th St NW Ste 570A			07	<sup>'</sup> 2008 <sup>°</sup>
City Washington	State         Zip Code           DC         20006-4112		Amount of Each Dis	sbursement this Period
Purpose of Disbursement		•		1000.00
Candidate Name Rep. Jeff Merkley		Category/ Type		
_ <u>-                                   </u>	ement For: 2008 Primary X General Other (specify)	. , pc		
State: OR District:				
Full Name (Last, First, Middle Initial) MARK UDALL FOR CONGRESS			Date of Disburseme	
Mailing Address PO BOX 40158 undefined			07	<sup>'</sup> 2008 <sup>'</sup>
City Denver	State         Zip Code           CO         80204-0158		Amount of Each Dis	sbursement this Period
Purpose of Disbursement		•		1000.00
Candidate Name Rep. Mark Udall		Category/ Type		
9 2	ement For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY			Date of Disburseme	BE85E0419D6534B6 <i>A</i> ent
Mailing Address 151 Linden Rd			07 18	<sup>'</sup> 2008 <sup>'</sup>
City Mineola	State Zip Code NY 11501		Amount of Each Dis	sbursement this Period
Purpose of Disbursement		•		2500.00
Candidate Name Rep. Carolyn McCarthy		Category/ Type		
Senate President	ement For: 2008 Primary X General Other (specify)			
State: NY District: 04				
SUBTOTAL of Disbursements This Page (optional				4500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE I		GE 20 / 23
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Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH			Transaction ID: BEE76	C7B80CCF47EF
Mailing Address PO Box 1940			07 15 /	2008
	State Zip Code PA 16507		Amount of Each Disbursen	• • • • •
Purpose of Disbursement  Candidate Name		Catanand		1000.00
Rep. Phil English	ment For: 2008	Category/ Type		
Senate President	Primary X General Other (specify)			
State: PA District: 03  Full Name (Last, First, Middle Initial)  Matsui For Congress			Transaction ID: BAC80 Date of Disbursement	3D7B96444 <b>A</b> 50
Mailing Address PO Box 1738			M M / D D / Y	2008
•	State Zip Code CA 95812-1738		Amount of Each Disbursen	nent this Period
Purpose of Disbursement				1000.00
Candidate Name Rep. Doris Matsui		Category/ Type		
Office Sought:    X   House   Disburser     Senate   President     State: CA   District: 05	ment For: 2008 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) James McGovern for Congress			Transaction ID: B74D9l	
Mailing Address PO Box 60405			07 15	2008
	State Zip Code MA 01606-0405		Amount of Each Disbursen	nent this Period
Purpose of Disbursement				1000.00
Candidate Name Rep. James P. McGovern		Category/ Type		
J 7	ment For: 2008 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				3000.00
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	PETER DEFAZIO FOR CONGRES	55							Disburs		nt / Y	Υ	Y Y	1
	Mailing Address PO Box 1316							0 7		0 2	L	2 0	ŏ8°	
	City Springfield	Sta OF		Zip Code 97477				Amour	t of Eac	n Disl	ourse	ment t	his Pei	riod
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	President		•	ecify)										
	State: OR District: 04													
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	Mailing Address PO Box 811							0 7	/ D	0 2	/ Y	ž 0	ŏ8°	
	City Des Moines	Sta IA		Zip Code 50304				Amour	t of Eac	n Disl	ourse	ment t	his Pe	riod
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	Candidate Name Sen. Tom Harkin					egory/ ype								
	Office Sought:    House   X   Senate   President     State: IA   District:		rimary	2008 X General ecify)										
	Full Name (Last, First, Middle Initial) COMMITTEE FOR BART GORDO	N, The						Date of	ction ID	emer		285C	OC7A	64348
	Mailing Address PO Box 2008							0 7	/ D	15	/ L	ž o	ŏ8 <sup>°</sup>	
	City Murfreesboro	Sta TN		Zip Code 37133				Amour	t of Eac	n Disl	ourse	ment t	his Pe	riod
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	Candidate Name Rep. Bart Gordon					egory/ ype								
	Office Sought:  X House Senate President State: TN District: 06		rimary	2008 General ecify) ▼										
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# SCHEDIII E B (FEC Form 3Y)

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	check only one)
	Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)		
American Nurses Association PAC		
Full Name (Last, First, Middle Initial) Patrick Murphy For Congress		Transaction ID: B4D043EE4E8654AAA
		Date of Disbursement  0 7
	7.0.1	
City Levittown	State Zip Code PA 19058	Amount of Each Disbursement this Period
Purpose of Disbursement		1000.00
Candidate Name Patrick J. Murphy	Cate	gory/ pe
Senate President	rsement For: 2008 Primary X General Other (specify) ▼	
State: PA District: 08  Full Name (Last, First, Middle Initial)		T ID D4405A5005004A50
Tim Johnson For South Dakota		Transaction ID: B116FAF3097964A56 Date of Disbursement
Mailing Address PO Box 1859		07
City Sioux Falls	State Zip Code SD 57101-1859	Amount of Each Disbursement this Period
Purpose of Disbursement		1000.00
Candidate Name Sen. Tim Johnson	Cate	gory/ pe
Office Sought:  House  X Senate  President	sement For: 2008 Primary X General Other (specify)	
State: SD District:		
Full Name (Last, First, Middle Initial) Friends Of Joe Pitts		Transaction ID: BE053EB15642A4F0A Date of Disbursement
Mailing Address 1707 Price St #5		07  02  2008
City Alexandria	State Zip Code VA 22301-1731	Amount of Each Disbursement this Period
Purpose of Disbursement		2000.00
Candidate Name Rep. Joseph R. Pitts	Cate	gory/ pe
Office Sought:  X House Senate President  Disbu	sement For: 2008 Primary X General Other (specify)	
State: PA District: 16		
SUBTOTAL of Disbursements This Page (optional	l)	▶ 4000.00

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page  FOR LIN (check or 21b 27	E NUMBER: PAGE 23 / 23  ally one)  22 23 24 25 26  x 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) American Nurses Association PAC		
Full Name (Last, First, Middle Initial)  Experts Acute  Mailing Address 1 Racetrack Rd Ste B104		Transaction ID: B1E4D7D3B747B43CB84ADate of Disbursement  O 7 O 1 1 O 2 O 8
•	State Zip Code NJ 08816-3800	Amount of Each Disbursement this Period
Purpose of Disbursement refund of corp check mistakenly cashed		25.00
Candidate Name	Category/ Type	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	25.00
TOTAL This Period (last page this line number only)	<u> </u>	25.00